HOW EFFECTIVE ARE PUBLIC INFORMATION PROGRAMS IN PREVENTING POISONING?



Edward P Krenzelok, PharmD, FAACT, DABAT Director Pittsburgh Poison Center University of Pittsburgh Medical Center Professor of Pharmacy and Pediatrics University of Pittsburgh



# WHY DO WE CARE?

- SECOND LEADING CAUSE OF DEATH 10.3/100,000 62.5% † 2000-2004
- FINANCIAL IMPLICATIONS British Columbia \$216 Million/Year
   Emergency Department Visit \$1400
   Poison Centers Save Money \$15 Saved/\$1 Spent





#### PITTSBURGH POISON CENTER **POISON PREVENTION EDUCATION MATERIALS**

Available at: www.mryuk1.com



#### ADOLESCENT PC AWARENESS TOOLS

#### **POISON HELP AWARENESS WRISTBANDS**



#### **MR. YUK-POISON HELP TATTOOS**



EMPORARY TATTOOS\*\* DIRI



#### BROCHURES

Carbon Monoxide









Poison

Prevention

for Seniors



#### Mr. Yuk Can Help Your PC!

Mr.Yuk, the Poison Help icon, turned 35 in 2006 and has outlived all other PC awareness logos.

- Proven effectiveness as an awareness tool.
- Use Mr. Yuk materials to create high Poison Center awareness in your PC service region.
- All materials can be customized for your PC.

#### **ACTIVITY ITEMS**











#### **AWARENESS TOOLS**

Mr. Yuk National Toll-Free

Poison Help

at 1-800-222-1222



### **'EFFECTIVE'**

(How <u>Effective</u> are Public Information Programs in Preventing Poisoning?)

# "...producing a decided, decisive, or desired effect"

http://www.merriam-webster.com/dictionary/effective

# **Objective Indicators of Success**

Improved Patient Outcomes?
Cost Savings?
Increased PC Call Volume?
Decreased PC Call Volume?

# "You can't manage what you can't measure." Joseph Juran

# EPIDEMIOLOGICAL MODEL Haddon's Matrix

#### HOST + AGENT + ENVIRONMENT = OUTCOME

# VICTIM + POISON + ENVIRONMENT

# = POISONING!!!

# **POISON PREVENTION STRATEGIES**

PRIMARY Promotes Avoidance of Risk Behavior Modification Passive Intervention

 SECONDARY Reduce Morbidity/Mortality Poison Center Emergency Department
 PRIMARY + SECONDARY Most Public Poison Prevention Programs

### HADDON'S MATRIX Elements of Successful Prevention

### <u>Education</u>

- <u>Environmental/Engineering</u> Modifications
- <u>Enactment/Enforcement</u>
- **Empowerment**
- <u>Evaluation</u>



WHAT ELEMENTS DO PC'S INCORPORATE INTO POISON PREVENTION PROGRAMS?

EDUCATIONEMPOWERMENTEVALUATION

### A Controlled Evaluation of a Community Injury Prevention Project in Two Greek Islands

- Naxos (Study) and Spetses (Control) Naxos 172 Households Spetses 177 Households
- 20 Month Injury Prevention Program
- 'Effectiveness' = Diaries
- Naxos-175 Accidents 11/28 Examined Variables = Improvement 7 Poisonings
- Spetses-177 Accidents 1/28 Improvement 2 Poisonings
- Conclusions: "...results were usually modest and occasionally disappointing."



Internat J Epidemiol 1997;26:173-179

#### Home Delivery of an Injury Prevention Kit for Children in Four French Cities: A Controlled Randomized Trial

- 4 Paris Suburbs
- 7 Month Study



- 100 Families-Home Visit and Education <u>50</u>-Counseling, Pamphlets, Emergency Numbers, Safety Kit (latches, electrical covers, smoke detector, PC sticker, etc) <u>50</u>-Counseling, Pamphlets, No Safety Kit
- 6-8 Weeks-Follow-up Visit Questionnaire = Measured Safety Behavior

#### Poisoning

Kit = 65.5% ↓ Risk Reduction vs. 46.9% ↓ (p < 0.01)

Prevention of Mushroom Poisoning of Children: Effectiveness of a Community-Based School Education Programme

- Kraków, Poland Region
- Objectives

Increase Ability to Identify Mushrooms Correct Misconceptions about Toxicity If Uncertainty-Do Not Eat



School Program/Mass Media Education

Pre/Post-Test 693 Children

Demonstrated 
 Knowledge (28-65%)

### Community Based Programs to Prevent Poisoning in Children 0-15 Years

Medical Literature Search 1966-2003 Pediatric Poisoning 21,000 Studies



Inclusion Criteria Community-based Intervention Target Population < 15 Years Poisoning Rate as an Outcome Community or Historical Control

Four Studies Met Criteria Two Had Community Controls Injury Prevention 2004;10:43-46

**Community Based Programs to Prevent Poisoning in Children 0-15 Years** Massachusetts<sup>1</sup> **9 Study Communities vs 5 Control Pediatrician Counseling Study Group Poison Prevention PC Awareness Injury Prevention** No Difference in Risk of Poisoning South Africa<sup>2</sup> **Paraffin Poisoning Common** 20,000 CRCs to Study Region vs None 47% Reduction in Paraffin Poisoning

- 1. Am J Public Health 1989;79:1521-1527
- 2. S Afr Med J 1994;84:555-560

### POISON CENTER AWARENESS Mass Mailing

Ineffectiveness of a Mass Mailing Campaign to Improve Poison Center Awareness in a Rural Population<sup>1</sup> 2 Brochures/2 Tel # Stickers Mailed to 8,948 Households Cost \$3,420 = \$0.38/contact Random Selection of 397 Households Surveyed @ 6 mo 13% Remembered Receiving the Mailing 16% Would Call PC First Penetrance 14.4 to 6.5 Poisonings/1,000 Population Is Mass-Mailing an Effective Form of Passive Poison Center Awareness Enhancement?<sup>2</sup> Sheet of Poison Help 1-800-222-1222 **Ambulance Service Subscription Drive** 75,000 of 149,813 Households in the County Benchmark = 6 months 2002 vs Study 2003 Postal Zip Codes Cost \$5,250 = \$0.07/contact Table 1. Comparison of poison center call volumes in 2002

1. Vet Human Toxicol 1993;35:165-167 2. Vet Human Toxicol 2004;46:155-156

and in	2003.	
Category	2002	2003
Total calls	1979	1982
Exposures	1324	1311
Information	655	671
Human	1134	1115
Veterinary	190	196

**POISON CENTER AWARENESS Combining Primary and Secondary Poison Prevention in One Initiative** Poison Prevention + Intervention Poison Help 1-800-222-1222 Stickers 136,741 Sheets **Free Publication-Children's Hospital** 4.1% of Service Region Residents **412 Different Postal Zip Codes** Benchmark: 6 Month Period-2004-05 Study: Same 6 Month Period 2005-06

PPC Cost ~\$10,000 \$6.41/Additional Call!

COUNTY	Pre-Mailing Call Volume	Post- Mailing Call Volume	% Change	County Population	Number Mailed	% County Population
Allegheny	9,188	9,405	<b>2.3%</b> ↑	1,235,841	60,072	4.86%
Armstrong	463	455	1.7%↓	70,586	1,975	2.80%
Beaver	1,642	1,944	<b>8.4%</b> ↑	177,377	10,251	5.78%
Bedford	0	2	<mark>100%</mark> ↑	50,091	72	0.14%
Butler	1,396	1,527	<b>9.1%</b> ↑	182,087	12,687	6.97%
Cambria	41	38	7.3% ↓	148,073	166	0.11%
Clarion	40	55	<mark>27.3%</mark> ↑	40,589	161	0.40%
Crawford	21	19	9.5%↓	89,442	154	0.17%
Fayette	289	392	26.3%	146,142	287	0.20%
Greene	375	365	2.7%↓	39,808	1,236	3.11%
Indiana	528	579	<b>8.8%</b> ↑	88,703	3,315	3.74%
Jefferson	67	67	0%	45,759	25	0.05%
Lawrence	1,058	1,218	<b>8.7%</b> ↑	92,809	4,903	5.28%
McKean	1	0	100%↓	44,370	225	0.50%
Mercer	804	924	<b>8.7%</b> ↑	119,598	6,135	5.13%
Venango	13	12	7.7%↓	55,928	37	0.07%
Washington	2,256	2,481	<b>9.1%</b> ↑	206,406	12,141	5.88%
Westmoreland	3,205	3,751	<b>8.5%</b> ↑	367,635	22,218	6.04%

# POISON CENTER AWARENESS Validated

**POISON CENTER AWARENESS National Toll-Free Number Poison Help!** 1-800-222-1222 **Implementation-January**, 2002 May, 2008-80% of All Calls

POISON PREVENTION PACKAGING ACT OF 1970 Elements of Successful Prevention

- Education
- <u>Environmental/Engineering</u> Modifications
- <u>Enactment/Enforcement</u>
- Empowerment
- <u>Evaluation</u>



# POISON PREVENTION PACKAGING ACT OF 1970 Mandated CRC

- 10% Pet Distillates
- 10% NaOH or KOH
- 4% Methanol
- 10% Turpentine
- 10% H<sub>2</sub>SO<sub>4</sub>
- 10% Ethylene Glycol
- 500 mg Acetonitrile
- 50 mg F°
- Mouthwash 3g ETOH

- Aspirin
- APAP 1 g
- Ibuprofen 1 g
- Diphenhydramine 66 mg
- Loperamide 45 mcg
- Fe° 250 mg
- Methyl Salicylate 5%
- Minoxidil 14 mg
- Prescription Medications

#### POISON PREVENTION PACKAGING ACT OF 1970 Evaluation



Rodgers, G. B. Arch Pediatr Adolesc Med 2002;156:929-933.

# REGULATORY INTERVENTION Successful

### **CO ALARMS**

101 CO Exposures
59.4% CO Alarms
96.6 vs 18.6 ppm
63.4% vs 13.3% Sx

Education
Engineering
Enactment
Enforcement
Empowerment
Evaluation

Am J Emerg Med 1996;14:484-486

# WHAT WORKS?

### POISON PREVENTION EDUCATION? NO!

# POISON CENTER AWARENESS?

# PASSIVE INTERVENTION?



YES!

# **PUBLIC EDUCATION CHALLENGES**

- Limited Resources Human Financial
- Diverse Messages "Up and Out of Reach!" Poison Help 1-800-222-1222
- Multiple Outcomes What Should be Measured?
- Implementation without Evidence of Success US Poison Centers



# CONCLUSIONS

- Current Prevention Strategies Ineffective!
- Poison Center Awareness ~Effective



Need to Target: Vulnerable Populations Substances with Morbidity/Mortality ↑ CRC Use-Only Proven Intervention PC Awareness Strategies

#### "However beautiful the strategy, you should occasionally look at the results." Winston Churchill